

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-873)

SERIAL NO. 09/8897800
APPLICANT(S)

FILED DATE

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1		2	
TOTAL DEP.						
TOTAL CLAIMS	1		1		2	

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TOTAL IND.	1		1		1	
TOTAL DEP.						
TOTAL CLAIMS	1		1		1	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS